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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                               |                  |
|---|-------------------------------|------------------|
| <b>DECLARATION FOR UTILITY OR DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b><br><br><input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)    OR | <b>Attorney Docket Number</b> | 10087 P04 CIP1   |
|   | <b>First Named Inventor</b>   | Eduard N. Lerner |
|   | <b>COMPLETE IF KNOWN</b>      |                  |
|   | <b>Application Number</b>     | /                |
|   | <b>Filing Date</b>            |                  |
|   | <b>Group Art Unit</b>         |                  |
|   | <b>Examiner Name</b>          |                  |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND APPARATUS FOR ENHANCED AND CONTROLLED DELIVERY  
OF A BIOLOGICALLY ACTIVE AGENT INTO THE CENTRAL NERVOUS SYSTEM  
OF A MAMMAL**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed     | Certified Copy Attached? |                                     |
|-------------------------------------|---------|--|--------------------------|--------------------------|-------------------------------------|
|                                     |         |  |                          | YES                      | NO                                  |
| PCT/EP96/05086<br><br>09/197,133    | PCT     | 11/19/95                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     | US      | 11/20/98                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     |         |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                     |         |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Eduard N. Family Name or Surname Lerner

Inventor's Signature  Date January 16, 2002

Residence: City Amsterdam State  Country Netherlands Citizenship Russia

Mailing Address c/o Lerner Medical Technology

Mailing Address A.J. Ernststraat 171

City Amsterdam State  ZIP 1083 GT Country Netherlands

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  Family Name or Surname

Inventor's Signature  Date

Residence: City  State  Country  Citizenship

Mailing Address

Mailing Address

City  State  ZIP  Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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|  |                               |                  |
|--|-------------------------------|------------------|
| <b>POWER OF ATTORNEY OR<br/>AUTHORIZATION OF AGENT</b> | <b>Application Number</b>     |                  |
|  | <b>Filing Date</b>            |                  |
|  | <b>First Named Inventor</b>   | Eduard N. Lerner |
|  | <b>Group Art Unit</b>         |                  |
|  | <b>Examiner Name</b>          |                  |
|  | <b>Attorney Docket Number</b> | 10087 P04CIP1    |

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I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name

Eduard N. Lerner

Signature

Date

January 16, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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